Fill in this info	rmation to identify your case:		C	heck one bo	x only as	directed	in this form and in Fo	rm
Debtor 1	Brady V Burdge		1	22A-1Supp:				
Debtor 2 (Spouse, if filing)	Angela M Burdge			■ 1. There	is no pre	sumptio	n of abuse	· <del>-</del> ·
United States		2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).						
Case number (if known)	1-13-bk-02747-RNO	<del></del> .		3. The Means Test does not apply now because of qualified military service but it could apply later.				
					nded filing	.01.		
Official F	Form 122A - 1			- Oncor		ari arric	rided illing	
	7 Statement of Your Cu	rrant M	onthly In	como				40/45
								12/15
attach a separat case number (if qualifying milita	and accurate as possible. If two married people e sheet to this form. Include the line number to wand known). If you believe that you are exempted fro ry service, complete and file Statement of Exemplate alculate Your Current Monthly Income	which the addi m a presumpt	tional information ion of abuse beca	applies. On to	the top of a ot have pri	iny addit	ional pages, write your onsumer debts or beca	name and
1. What is	your marital and filing status? Check one or	nly.						
	parried. Fill out Column A, lines 2-11.	,						
■ Marrie	ed and your spouse is filing with you. Fill o	ut both Colun	nns A and B. line	s 2-11				
	ed and your spouse is NOT filing with you.							
	ing in the same household and are not legi	-	•	olumns A ar	d B. lines	2-11.		
☐ <b>Liv</b> pe	ing separately or are legally separated. Fill nalty of perjury that you and your spouse are long apart for reasons that do not include evadi	out Column A	A, lines 2-11; do rated under nonba	not fill out Co inkruptcy law	lumn B. B / that appli	y checki es or th	ng this box, you decla at you and your spous	ire under se are
Fill in the ave 101(10A). Fo the 6 months.	erage monthly income that you received from all r example, if you are filing on September 15, the 6-n add the income for all 6 months and divide the tota the same rental property, put the income from that p	sources, derimonth period wo	ved during the 6 for build be March 1 three result. Do not incli	ull months be ough August 3 ude any incom	fore you fil 1. If the am	le this ba	our monthly income variegonce. For example, if bo	ed durina
		Column A Column Debtor 1 Debtor					·	
	<ol><li>Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).</li></ol>					\$	1,694.63	
3. <b>Alimony</b> Column E	<b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.				0.00	\$	0.00	
of you or from an u and room	Ints from any source which are regularly par your dependents, including child support Inmarried partner, members of your household Imates. Include regular contributions from a sp Oo not include payments you listed on line 3.	. Include regu d, your deper	ular contributions idents, parents,	\$	0.00	\$	0.00	
5. Net inco	me from operating a business, profession,	or farm				A minimals		
		ε	Debtor 1					
Gross red	ceipts (before all deductions)	\$ 0.0						
•	and necessary operating expenses	-\$ 0.0		• •	0.00	Φ.	0.00	
	hly income from a business, profession, or far	m \$	O Copy here -	> \$	0.00	\$	0.00	
6. Net inco	me from rental and other real property	г	Debtor 1					
Grace rea	ceipts (before all deductions)	\$ 0.0						
	and necessary operating expenses	-\$ 0.0						
-	hly income from rental or other real property		O Copy here -	> \$	0.00	\$	0.00	
	dividends and royalties			\$	0.00	\$	0.00	

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Chapter 7 Statement of Your Current Monthly Income

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btor 2 Angela M Burdge				Case nun	nber ( <i>if known</i> )	1-13-b	1-13-bk-02747-RNO		
					Column A Debtor 1		Column B Debtor 2 or non-filing spouse		
Uner	nployment compensation				\$	0.00	\$	0.00	
	ot enter the amount if you contend that the cocial Security Act. Instead, list it here:	ne amount receiv	red was a ben	efit under		<del></del>			
Fo	r you <sub></sub>	\$	(	0.00					
	r your spouse	\$		0.00					
bene	<b>sion or retirement income.</b> Do not including the Social Security Act.				\$	0.00	\$	0.00	
Do no recei dome	me from all other sources not listed all ot include any benefits received under the ved as a victim of a war crime, a crime ag estic terrorism. If necessary, list other soub below.	e Social Security gainst humanity,	y Act or payme or internation	ents al or					
	VA Disability				\$	499.00	\$_	0.00	
	Food Stamps & Heating Assist	t			\$	0.00	\$	366.67	
	Total amounts from separate pages,	if any.		+	\$	0.00	\$	0.00	
. <b>Calc</b> each	ulate your total current monthly incom column. Then add the total for Column A	<b>ie.</b> Add lines 2 th A to the total for 0	rough 10 for Column B.	\$	499.00	+ \$	2,061.30	o = \$	2,560.30
								Tota	l current monthly
t 2:	Determine Whether the Means Test	Applies to You							
Calc	ulate your current monthly income for	the year. Follow	v these steps:						
12a.	Copy your total current monthly income f	rom line 11			Co	opy line 11	here=>	\$	2,560.30
	Multiply by 12 (the number of months in a	a year)						X	12
12b.	The result is your annual income for this	part of the form						12b. \$	30,723.60
. Calcı	ulate the median family income that ap	oplies to you. Fo	ollow these ste	eps:					
Fill in	the state in which you live.		PA						
Fill in	the number of people in your household	i.	4						
To fir	the median family income for your state ad a list of applicable median income amous is form. This list may also be available at	ounts, go online	using the link	specified i	in the sep	arate instru		13. \$	82,078.00
How	do the lines compare?								
14a.	Line 12b is less than or equal to I Go to Part 3.	ine 13. On the to	op of page 1, o	check box	1, There	is no presui	mption of a	buse.	
14b.	☐ Line 12b is more than line 13. Or Go to Part 3 and fill out Form 122	n the top of page 2A-2.	1, check box	2, The pre	sumption	of abuse is	determine	d by Form	122A-2.
t 3:	Sign Below								
	By signing here, I declare under penalty	of perjury that the	e information	on this sta	tement ar	nd in any at	tachments	is true and	correct.
>	X /s/ Brady V Burdge X		/s/ Ange	s/ Angela M Burdge					
	Brady V Burdge Signature of Debtor 1			Angela	M Burdo e of Debto	ge			,
Date	October 6, 2017 MM / DD / YYYY	_	Date	October MM / DD		7			
	If you checked line 14a, do NOT fill out o	r file Form 1224	2						
	ir jou direction into 1 la, ac 1101 iii out o	ille i Olli izza	-2.						

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